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Dear House Health Policy Committee Memebers:

Thank you for the opportunity to participate in the discussion regarding House Bill No. 5776, which would amend the language regarding "Clinical Counseling principles, methods, or procedures."

I am submitting this statement on behalf of the Michigan Psychiatric Society. We oppose House Bill No. 5776, especially use of the words "diagnosis" and "diagnose."

Our opposition stems from the fact mental health diagnoses can mimic medical disorders. Indeed it is not possible to separate mental illness from medical illnesses, and diagnosis is the basis of treatment. Without good diagnosis, conditions go untreated or are mistreated, leading to ongoing illness, worsening illness, loss of functioning, increased health care costs, reduced patient satisfaction, and/or even death.

The linkage between mental health and physical disorder is illustrated in the American Psychiatric Association's Diagnostic Statistical Manual of Psychiatric Disorders (DSM 5), the worldwide gold standard for diagnosing mental illness. DSM 5 includes exclusionary diagnostic criteria stating "The episode is not attributable to the **physiological effects of a substance of to another medical condition**." This disclaimer is an admonition to the treating clinician requiring a thorough understanding of psychiatric and medical differential diagnoses. In other words, you must be trained in both psychiatric and medical conditions in order to effectively diagnose mental health conditions.

A few examples of unintended consequences of non-medical professionals making medical/psychiatric diagnoses without medical training include:

1) Children given diagnoses of Attention Deficit Hyperactivity Disorder without reviewing the possible medical causes for symptoms of Attention Deficit Hyperactivity Disorder.
2) Adults being diagnosed with dementia without a medical/neurologic evaluation could result in in individuals not getting the appropriate treatment and/or placement.
3) Individuals diagnosed with a chronic mental health diagnosis without a medical evaluation could inadvertently preclude them from receiving future health insurance, life insurance, or disability insurance.
4) Individuals incorrectly diagnosed with a neurocognitive diagnosis could be precluded from receiving necessary mental health treatment through community mental health.
5) A patient with hypothyroidism being diagnosed with depression.
6) An elderly person being diagnosed with dementia when, in fact, they have a slow intra-cranial bleed (stroke).
7) And so on....there are literally hundreds –if not thousands – of examples to cite.

We are concerned that expanding the ability to "diagnose" to clinicians with significantly inadequate medical and psychiatric education will result in tremendous harm due to incorrect diagnoses and treatment. Such an expansion would be unsafe.

Thank you for your consideration and we respectfully ask for your support.

Respectfully, submitted on behalf of the Michigan Psychiatric Society.

Sincerely,

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